

Group Health Cooperative of South Central Wisconsin
1265 John Q. Hammons Drive
Madison, WI 53717

Consumer Service Telephone No. 1-800-605-4327 or 1-608-251-3356

Form No. E86-180-14 (2/05)

First-Year Commission: None

Health History Requested: Limited

Waiting Period: None

Counties Served: Dane

Annual Premium - Basic Policy

| Age | Amount |
|------------|---------------|
| Under 65 | \$1,564.80 |
| 65 | 1,203.60 |
| 70 | 1,420.32 |
| 75 | 1,673.04 |
| 80 | 1,881.60 |

Premiums are based on attained age.

Annual Premium - Optional Benefits

Part A Deductible (\$912): In basic policy

Part B Deductible (\$110): In basic policy

Part B Excess Charges: *

Additional Home Health Visits: In basic policy

Foreign Travel: In basic policy

Catastrophic Prescription Drugs: In basic policy—80% of charges over \$6,250.00

* Part B Excess Charges is not needed as long as you use plan providers.